ED Provider Notes

Signed Sep 6, 2026

ED Provider Notes by Shane Davis, MD at 9/5/2026 10:37 PM

Atrium Health
Emergency Department Note

Chief Complaint: Urinary Retention

History of Present Illness

Carol C Poston is a 66 y.o. female with a past medical history of CKD stage IV, diabetes, A-fib, pulmonary hypertension, severe tricuspid regurgitation who presents to the emergency department for fluid overload. Patient states that she has gained at least 50 pounds. States that she is holding onto significant weight in her abdomen, legs. States no shortness of breath. Denies any associated chest pain. States she has been compliant with her medications. Family is very concerned as her blood work has progressively been getting worse. States her kidney function is getting significantly worse, stating that her creatinine has been progressively worsening over the past month. Patient states she just feels very lethargic, weak and just overall does not feel well. Denies any fever. Denies any urinary symptoms. Denies any vomiting or diarrhea. No further

Past Contributory History

Reviewed from chart

Allergies:

Flecainide, Iodinated contrast media, Latex, Nsaids (non-steroidal anti-inflammatory drug), and Spironolactone

Personal History:

Medical History

Past Medical History:

Diagnosis	Date
• ADHD (attention deficit hyperactivity disorder)	2012
• Anemia	
• CHF (congestive heart failure) (CMD)	
• Chronic kidney disease	
• Diabetes mellitus (CMD)	
• Eczema	
• HL (hearing loss)	2000
• Hypertension	
• Obesity	
• Sleep apnea	
• Urinary tract infection	04/08/2026
• Visual impairment	

Surgical History

Past Surgical History:

Procedure	Laterality	Date
•CARDIAC	Right	04/09/202

information provided.
family; daughter , this was judged to be necessary.

Review of Systems

Negative except for above

Physical Exam

BP (!) 85/54 | Pulse 93 | Temp 97.4 °F (36.3 °C) (Oral) | Resp 18 | Ht 157.5 cm (5' 2") | Wt 109 kg (239 lb 10.2 oz) | SpO2 93% | BMI 43.83 kg/m²

General: Chronically ill-appearing
HEENT: normocephalic, atraumatic
Cardiac: Irregularly irregular rhythm with normal rate, 2+ pitting edema to bilateral lower extremities
Pulses: 2+ radial pulses bilaterally
Lungs: Diffuse rhonchi
Abd: no TTP, no rebound or guarding, moderate distention
Neuro: normal speech, oriented x 4, intact motor and sensory in all extremities

Procedures

Procedures

30 minutes of critical care time is charged to this patient for frequent hemodynamic, cardiovascular, neurological and respiratory monitoring due to their life-threatening condition that required the diagnostics and treatment that is noted. This is independent of all procedures,

CATHETERIZATION	6

CV CATHETERIZATION RIGHT HEART performed by Glen Fandetti, MD at PVL Invasive Lab

- CESAREAN SECTION, CLASSICAL *x3*
- COLONOSCOPY
- ESOPHAGOGASTRODUODENOSCOPY
- JOINT REPLACEMENT — Left knee 2007, right knee 2010,2016 revision
- TUBAL LIGATION

Family History

Family History

Problem	Relation	Name	Age of Onset
Emphysema	Mother		
Emphysema	Brother		
Emphysema	Brother		

Social History

Social History

Tobacco Use

- Smoking status: Former
  - Types: Cigarettes
  - Passive exposure: Never
- Smokeless tobacco: Never
- Tobacco comments: *Quit over 15 yrs ago*

Vaping Use

- Vaping status: Never Used

Substance Use Topics

- Alcohol: Not Currently

family discussions and consultations.

ED Course & Medical Decision Making

66yo female presenting to the ED with complaints of fluid overload. Patient is hemodynamically stable, afebrile. She does appear significantly fluid overloaded, based on lab review appears to be having worsening CKD, labs done yesterday concerning for acute renal failure. Does have hx of heart failure with concern for acute on chronic HF with pEF. She is not hypoxic, BP is mildly soft but likely from intravascular depletion. Given presentation, will obtain CBC, CMP, trop, BNP, UA, CXR. Will likely need admission but dispo per labs, imaging.

Reassessment:

ED Course as of 09/06/26 1219
Sun Sep 06, 2026

0145 Patient has significant elevation in creatinine over the past month going from 1.8 up to 4.69 today with mildly low bicarb, significant BUN elevation at 150. Does have an elevated troponin and BNP compared to her baseline. Blood pressure is on the softer side with systolics in the low 100s. Discussed with critical care, they did not feel the patient needed to go to

use:
- Drug use: Never

Home Medications:

Current Outpatient Medications

Medication	Instructions
• allopurinol (ZYLOPRIM)	100 mg, oral, Daily
• AMIODarone (PACERONE)	200 mg, oral, Daily, **MUST KEEP FOLLOW UP APPOINTMENT 9-4-26 FOR ANY FURTHER REFILLS**
• apixaban (ELIQUIS)	5 mg, oral, 2 times daily
• ascorbic acid (VITAMIN C)	500 mg, oral, Daily
• cholecalciferol (VITAMIN D3)	1,000 Units, oral, Daily
• coenzyme Q-10	100 mg, oral, Daily
• cyanocobalamin-cobamamide 5,000-100 mcg subl	1 tablet, oral, Daily
• ferrous gluconate 324 mg (38 mg iron) tablet	37.5 mg of iron, oral, Daily
• gabapentin (NEURONTIN)	300 mg, oral, At bedtime, As needed
• krill-om-3-dha-epa-phospho-ast 1,000-170-50-80 mg cap	1 each, oral, Daily
• magnesium oxide	400 mg, oral, Nightly
• metFORMIN (GLUCOPHAGE)	1,000 mg, oral, 2 times daily with meals
• metoprolol TARTRATE (LOPRESSOR)	25 mg, oral, Every 12 hours scheduled, **Please attend appt 9/4/26 for further refills**

ICU and recommended Chg admission to progressive care unit. Discussed with CHG, requested a nephrology consult. Nephrology stated could trial diuretics but could make her kidney function worse, recommended palliative care evaluation but they can come see patient in the morning. Discussed with Dr. Brun diuretics and will likely place on Lasix drip once he gets upstairsey, CHG, who will admit to progressive care. He wanted to hold off on diuretics and will likely place on Lasix drip once she is upstairs. [SD]

ED Course User Index
[SD] Shane Robert Davis, MD

Independent Interpretation of Studies: Labs; elevated BNP, acute renal failure on CKD
EKG/Cardiac Monitor; NI
X-rays; pulmonary edema

External Records Reviewed: None

Discussion with other Services: Admitting Team; CHG Consultant; Critical care, nephrology

Escalation of Care, Including Admision/Obs considered but not performed: N/A

• potassium CHLORIDE (KLOR-CON) 10 mEq ER tablet	20 mEq, oral, 2 times daily
• pramoxine HCl (CERAVE ITCH RELIEF TOP)	1 Application, topical, As needed
• torsemide (DEMADEX)	80 mg, oral, Daily, Start this dosing (8-29) after holding Torsemide for 48 hours
• VITAMIN K2 ORAL	1 each, oral, Daily

Results

Labs:

Labs Reviewed

COMPREHENSIVE METABOLIC PANEL - Abnormal

Result	Value
Sodium	123 (*)
Potassium	4.8
Chloride	81 (*)
CO2	19 (*)
Anion Gap	23 (*)
Glucose, Random	109
Blood Urea Nitrogen (BUN)	150 (*)
Creatinine	4.69 (*)
eGFR	10 (*)
Albumin	3.8
Total Protein	6.3
Bilirubin, Total	1.4 (*)
Alkaline Phosphatase (ALP)	144 (*)
Aspartate Aminotransferase (AST)	26
Alanine Aminotransferase (ALT)	16
Calcium	9.4
BUN/Creatinine Ratio	32.0 (*)

URINALYSIS WITH REFLEX TO

Clinical Impression & Disposition

1. **Volume overload state of heart**
2. Acute renal failure, unspecified acute renal failure type
3. Acute on chronic heart failure with preserved ejection fraction (CMD)

Disposition:
Admit

ED Prescriptions
None

MICROSCOPIC - Abnormal

Color, Urine	Light Yellow
Clarity, Urine	Clear
Specific Gravity, Urine	1.010
pH, Urine	5.0
Protein, Urine	Negative
Glucose, Urine	Negative
Ketones, Urine	Negative
Bilirubin, Urine	Negative
Blood, Urine	0.06 (*)
Nitrite, Urine	Negative
Leukocyte Esterase, Urine	Negative
Urobilinogen, Urine	Normal
WBC, Urine	0-5
RBC, Urine	0-2
Squamous Epithelial Cells, Urine	0-5
Bacteria, Urine	Many (*)
Hyaline Casts, Urine	11-20 (*)

CBC WITH DIFFERENTIAL - Abnormal

WBC	5.27
Monocyte Distribution Width	14.7
RBC	3.46 (*)
Hemoglobin	7.9 (*)
Hematocrit	26 (*)
Mean Corpuscular Volume (MCV)	76 (*)
Mean Corpuscular Hemoglobin (MCH)	23 (*)
Mean Corpuscular Hemoglobin Conc (MCHC)	30 (*)
Red Cell Distribution Width (RDW)	19.3 (*)
Platelet Count (PLT)	475 (*)

Mean Platelet Volume (MPV)	7.4
Neutrophils %	83
Lymphocytes %	8
Monocytes %	8
Eosinophils %	0
Basophils %	1
nRBC %	0
Neutrophils Absolute	4.40
Lymphocytes #	0.40 (*)
Monocytes #	0.40
Eosinophils #	0.00
Basophils #	0.00
nRBC Absolute	0.00

B-TYPE NATRIURETIC PEPTIDE (BNP) - Abnormal

B-Type Natriuretic Peptide (BNP)	1,086 (*)

Narrative:
The testing method is an immunoassay manufactured by Beckman Coulter Inc performed on DxI/Access platform. Values obtained with different assay methods may be different and cannot be used interchangeably.

TROPONIN, HIGH SENSITIVE - Abnormal

Troponin, High Sensitive	20 (*)
Troponin, High Sensitive Interpretation	Abnormal (*)

Narrative:
The testing method is an immunoassay manufactured by Beckman Coulter Inc performed on DxI/Access platform. Values obtained with different assay methods may be different and cannot be used interchangeably.
High Sensitive Troponin specificity: Troponin I

MAGNESIUM - Abnormal

Magnesium	2.6 (*)

POC GLUCOSE (AH) - Abnormal

Glucose, POC	128 (*)

POC GLUCOSE (AH) - Abnormal

Glucose, POC	159 (*)

POC GLUCOSE (AH) - Abnormal

Glucose, POC	137 (*)

POC GLUCOSE (AH) - Abnormal

Glucose, POC	208 (*)

MRSA SA NARES SCREEN BY PCR

Methicillin-Resistant Staphylococcus aureus	Negative
Staphylococcus aureus	Negative

Methodology

Value: cobas®MRSA/SA is a qualitative in vitro nucleic acid amplification assay run on the cobas®4800 system. Qualitative real-time PCR enables the detection of MRSA and SA DNA from nasal swabs to aid in the prevention and control of infections in healthcare settings.

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Value: This test has been cleared by the U.S. Food and Drug Administration (FDA) and its performance characteristics have been verified by this laboratory. This laboratory is certified under

the Clinical Laboratory Improvement Amendments of 1988 (CLIA ’88) as qualified to perform high complexity clinical testing. For instances where archival tissue specimens were used for testing, the collection date shown may not reflect the true collection date of the specimen. When applicable, please refer to the collection date of the original tissue case noted in this report.

MAGNESIUM
BASIC METABOLIC PANEL
CBC W/O DIFF

Narrative:
The following orders were created for panel order CBC without Differential.
Procedure
Abnormality Status
--- ---
CBC without Differential[1358863011]

Please view results for these tests on the individual orders.

CBC W/O DIFF
POC GLUCOSE REQUEST
POC GLUCOSE REQUEST
POC GLUCOSE REQUEST
POC GLUCOSE REQUEST

Imaging:

XR Chest 1 View

Final Result by Sunit Peter Harris, MD (09/05 2300)

DATE OF SERVICE:
9/5/2026 10:57 pm

EXAM:
PORTABLE AP CHEST

CLINICAL HISTORY:
Dyspnea

COMPARISON:
XR CHEST 2 VIEWS, ACC 175XR264107814, dated: 20260621;
XR CHEST 1 VIEW, ACC 175XR262755754, dated: 20260409;
XR CHEST 1 VIEW, ACC 175XR263034690, dated: 20260424

TECHNIQUE:
Single portable AP view of the chest

FINDINGS:
Support Apparatus: None.

Mediastinum: Mild cardiomegaly.

Lungs/Pleura: Mild-to-moderate interstitial and alveolar pulmonary edema.
No pneumothorax

Upper Abdomen: Visualized portions are unremarkable.

Bones: Multilevel degenerative changes of the spine.

IMPRESSION:
Mild-to-moderate interstitial and alveolar pulmonary edema. Mild cardiomegaly.

THIS IS AN ELECTRONICALLY VERIFIED FINAL REPORT
9/05/2026 11:00 PM - Electronically signed by Sunit Harris
Workstation: CRG-IRAD-113
Atrium Health

EKG:

Encounter Date: 09/05/26
ECG 12 lead

Impression

Atrium Health Pineville ED

Test Date 2026-09-05
Pat Name CAROL POSTON
Department PINEED
Patient ID 0002986410
Room
Gender Female
Technician Aw
DOB 1960-07-09
Requested By GINA DIMARTINO
Order Number 1358777366
Reading MD

Measurements

Intervals		*Axis*
Rate	*80*	*P*
PR		*QRS*
115		
QRSD	*114*	*T*
71		
QT	*409*	
QTc	*445*	

Interpretive Statements
ATRIAL FIBRILLATION
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
POSSIBLE RIGHT VENTRICULAR HYPERTROPHY
MINIMAL ST DEPRESSION

ED Meds Given:

Medications

dextrose (D50W) 50 % injection 12.5 g (has no administration in time range)
dextrose (GLUTOSE) 40 % oral gel 15 g (has no administration in time range)
insulin lispro (HumaLOG) injection - Correction Dose 0-6 Units (subcutaneous Not Given 9/6/26 0800)
furosemide (LASIX) 500 mg 50 mL (10 mg/mL) infusion (intravenous Held by provider 9/6/26 1028)
ondansetron (ZOFRAN-ODT) disintegrating tablet 4 mg (has no administration in time range)
ondansetron (ZOFRAN) injection 4 mg (has no administration in time range)
acetaminophen (TYLENOL) tablet 650 mg (has no administration in time range)
AMIODarone (PACERONE) tablet 200 mg (200 mg oral Not Given 9/6/26 0900)
apixaban (ELIQUIS) tablet 5 mg (5 mg oral Given 9/6/26 0839)
metoprolol TARTRATE (LOPRESSOR) tablet 25 mg (25 mg oral Given 9/6/26 0838)
allopurinol (ZYLOPRIM) tablet 100 mg (100 mg oral Given 9/6/26 0838)
ferrous sulfate 325 mg (65 mg iron) tablet 325 mg (325 mg oral Not Given 9/6/26 0838)
ascorbic acid (VITAMIN C) tablet 500 mg (has no administration in time range)
cholecalciferol (VITAMIN D3) 1,000 unit (25 mcg) tablet/capsule 1,000 Units (has no administration in time range)
sodium chloride (bolus) 0.9 % bolus 250 mL (intravenous Rate/Dose Verify 9/6/26 1056)
albumin human 25 % infusion 25 g (intravenous Rate/Dose Verify 9/6/26 1056)

Clinical Decision Support:

Care/Risk Scores

CHA2DS2-VASc Stroke Risk Points 5

Glasgow Coma Scale Score: 15

Shane Robert Davis
Atrium Health
Department of Emergency Medicine

Time Seen

Event	Date/Time
First Provider Evaluation	09/05/26 2133